

REISSUE PATENT APPLICATION TRANSMITTAL

PTO
17613 U.S.
10/625390
07/23/03

Address to: **Mail Stop Reissue**
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P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No. 1135-21RE
 First Named Inventor Vladimir Stoy
 Original Patent Number 6,264,695B1
 Original Patent Issue Date (Month/Day/Year) 07/24/2001
 Express Mail Label No. EV347962000US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Check for \$ 636.00

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

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07/23/2003

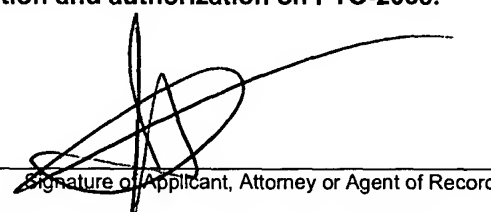
CERTIFICATION UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence and the documents referred to as application elements and accompanying application parts are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV347962000US addressed to: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Certification Dated: July 23, 2003

Maria Lapitan
 Maria Lapitan

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| REISSUE APPLICATION FEE TRANSMITTAL FORM | | | | | | Docket Number (Optional) 1135-21RE | | |
|--|---|-------------------------------------|---|-----------------------------|--------------|---------------------------------------|---------------------------|-----|
| Claims as Filed - Part 1 | | | | | | | | |
| Claims in Patent | | Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | | |
| | | | | Rate | Fee | Rate | Fee | |
| (A) 38 | Total Claims (37 CFR 1.16(j)) | (B) 38 | **** 18 = | x \$ 9 = | 162.00 | or | x \$ ____ = | |
| (C) 2 | Independent claims (37 CFR 1.16(i)) | (D) 2 | * 0 = | x \$ ____ = | | | x \$ ____ = | |
| Basic Fee (37 CFR 1.16(h)) | | | | | \$375.00 | | \$ ____ | |
| Total Filing Fee | | | | | \$537.00 | OR | \$ ____ | |
| Claims as Amended - Part 2 | | | | | | | | |
| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
| | | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.16(i)) | *** 49 | MINUS | ** 38 | * = 11 | x \$ 9 = | 99.00 | x \$ ____ = | |
| Independent Claims (37 CFR 1.16(i)) | *** 3 | MINUS | ***** 3 | = 0 | x \$ ____ = | | x \$ ____ = | |
| Total Additional Fee | | | | | \$99.00 | OR | \$ ____ | |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>50-2140</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>636.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> <p><u>07/23/2003</u></p> <p>Date</p> </div> <div style="text-align: right;">  <p>Signature of Applicant, Attorney or Agent of Record</p> <p>Jeffrey S. Steen, Reg. No. 32,063</p> <p>Typed or printed name</p> </div> </div> | | | | | | | | |

CERTIFICATION UNDER 37 C.F.R. § 1.10

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